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CONFIRMATION NO. 5920

<b>SERIAL NUMBER</b> 09/635,345	<b>FILING OR 371(c) DATE</b> 08/09/2000 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> AKC-22900 [R0171]
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/150,737 08/25/1999  
 and claims benefit of 60/148,130 08/10/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 10/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

ORIGIN MEDSYSTEMS, INC.  
 A CORPORATION OF THE STATE OF DELAWARE  
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 MENLO PARK, CA94025

**TITLE**

Apparatus and methods for subxiphoid endoscopic access

<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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